

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107517423**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		10				
5		10				
6		10				
7		10				
8		10				
9		10				
10		10				
11		10				
12		10				
13		10				
14		10				
15		10				
16	1					
17		1				
18		12				
19		10				
20		10				
21		10				
22		10				
23		10				
24		10				
25		10				
26		10				
27	1					
28		1				
29		1				
30	1					
31		21				
32		10				
33		10				
34		10				
35	1					
36		10				
37		10				
38		10				
39	1					
40		1				
41		12				
42	1					
43		1				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	36					
TOTAL CLAIMS	43					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY